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	ENCE ADDRESS (Note: Usc Bl	ock 1 for any change of address	)				
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APPLICATION NO.	CATION NO. FILING DATE		FIRST NAMED INVENTOR			OCKET NO.	CONFIRMATION NO.
10/550,539	10/550,539 09/22/2005		Yoshiaki Komma			63US	5417
TITLE OF INVENTION	: OPTICAL PICKUP DI	RIVING APPARATUS	AND OPTICAL PICKUP E	BEAM SPOT POSIT	TIONING MET	THOD	
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APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTA	L FEE(S) DUE	DATE DUE
nonprovisional	МО	\$1510	\$300	\$0	-18	19.00	09/27/2010
EXAM	INER	ART UNIT	CLASS-SUBCLASS				
CHOW, LIXI		2627	369-044250				
1. Change of corresponde	ence address or indicatio	n of "Fee Address" (37	2. For printing on the p			. Da haa aar	
CFR 1.363).	ondence address (or Cha	once of Correspondence	(1) the names of up to or agents OR, alternation	3 registered patent	attomeys	RatnerF	restia
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(2) the name of a single firm (having as a member a 2				
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custon Number is required.			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
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PLEASE NOTE: Unl	ess an assignee is ident	tifiéd below, no assigne	e data will appear on the p	atent. If an assigne	e is identified	below, the do	cument has been filed for
(A) NAME OF ASSIG		piction of this form is tw	e data will appear on the patent. If an assignee is identified below, the document has been filed for a substitute for filing an assignment.  (B) RESIDENCE: (CITY and STATE OR COUNTRY)				
Panasonio	Corporation		Osaka, 、	ΤΡ			
		r categories (will not be	printed on the patent):		rporation or of	her private gro	up entity Government
	Tr. Control of the Co						
4a. The following fee(s):  X Issue Fee	are submitted:		4b. Payment of Fee(s): (Plea A check is enclosed.	ise nirst reapply an	y previously p	iaiu issue iee s	nown above)
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Advance Order - i		The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 18-0350					
5. Change in Entity Sta	tus (from status indicate	d above)	0,010,011024,1020		* <del>1.0 * 0 3 3 0</del>		
a. Applicant claim	s SMALL ENTITY stan	us. See 37 CFR 1.27.	b. Applicant is no lon				
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Authorized Signature		J - F.		Date Aug	•		
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